# FORMAT and FILE SPECIFICATIONS
# for
# MIRCal ONLINE TRANSMISSION:

# EMERGENCY DEPARTMENT & AMBULATORY SURGERY DATA

**Effective with encounters occurring on or after January 1, 2009**

**Revised March 20, 2008**

MIRCal
Medical Information Reporting for California

State of California
Office of Statewide Health Planning and Development
Patient Data Section
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## MINIMUM PC CONFIGURATION

1. Access to a personal computer (with the following minimum configuration)
   - 300MHz processor, 64 MB RAM, 4 GB hard drive (at least 500MB free)
   - High speed Internet connection (preferred) or 56k modem or faster
   - Microsoft Internet Explorer version 5.0 (or higher) with 128-bit Secure Socket Layer (SSL)
   - Adobe Acrobat Reader version 4.0 (or higher)
   - Virus Checking Software
   - File Compression Program.  MIRCal accepts files that are 3MB or less. Data files over 3MB must be compressed in order to be accepted by MIRCal.
2. Internet access (ISP)
3. E-mail

## STANDARD RECORD FORMAT

Deviation from the format will not be accepted
   - One reporting facility and report period per file
   - Standard ASCII character coding
   - Record length 406 characters followed by a carriage return and line feed
   - All fields are left-justified and padded with spaces on the right

## ADDITIONAL requirements

   - No packed or binary data
   - No Null Values
   - The data file must be a text file with the extension of ".txt" (if zipped, submit the zipped file with a ".zip" extension)

## FILE COMPRESSION

Data files may be compressed (zipped) to speed up the file uploading time. The following compression applications are supported and can be obtained from the manufacturer's website:
   - gzip
   - Pkzip
   - Winzip

**Standard Record Format**

| Data Element | Start | End | Type & Size[1] | |
|---|---|---|---|---|
| Facility Identification Number | 1 | 6 | N | (6) |
| Abstract Record Number (Optional) | 7 | 18 | A/N | (12) |
| Patient's Social Security Number | 19 | 27 | N | (9) |
| ZIP Code | 28 | 32 | N | (5) |
| Date of Birth | 33 | 40 | N | (8) |
| Sex | 41 | 41 | A | (1) |
| Race | 42 | 43 | A/N | (2) |
| Ethnicity | 44 | 45 | A/N | (2) |
| Service Date | 46 | 53 | N | (8) |
| Disposition of Patient | 54 | 55 | N | (2) |
| Expected Source of Payment | 56 | 57 | A/N | (2) |
| Principal Diagnosis | 58 | 64 | A/N | (7) |
| Other Diagnoses | 65 | 232 | A/N | (7)[2] |
| Principal E-Code | 233 | 239 | A/N | (7) |
| Other E-Codes | 240 | 267 | A/N | (7)[3] |
| Principal Procedure | 268 | 272 | A/N | (5) |
| Other Procedures | 273 | 372 | A/N | (5) |
| National Provider Identifier No. | 373 | 382 | N | (10) |
| Principal Language Spoken | 383 | 406 | A/N | (24) |

**Footnotes are on the next page**

## FOOTNOTES

[1]Type & Size indicate data type and length (in parentheses).  Data type is defined as:
    A = Alpha
    N = Numeric
    A/N = Alphanumeric

[2]Principal and Other Diagnoses fields allow for expansion to accommodate ICD-10-CM codes, which are 7 alphanumeric characters, without the decimal point.  Until ICD-10-CM implementation, ICD-9-CM codes will be reported, and consist of 5 alphanumeric characters, without the decimal point, with the last two (2) positions space-filled.

[3] Principal and Other Cause of Injury E-Codes fields allow for expansion to accommodate ICD-10-CM codes, which are 7 alphanumeric characters, without the decimal point.  Until ICD-10-CM implementation, ICD-9-CM codes will be reported, and consist of 5 alphanumeric characters, without the decimal point, with the last two (2) positions space-filled.

## FACILITY IDENTIFICATION NUMBER

| | |
|---|---|
| Record Position: | 1 through 6 |
| Data Length: | 6 |
| Data Type: | Numeric |
| Codes: | Facility Identification Number (the unique facility number assigned by OSHPD).  This field is required for each record. |

## ABSTRACT RECORD NUMBER (OPTIONAL)

| | |
|---|---|
| Record Position: | 7 through 18 |
| Data Length: | 12 |
| Data Type: | Alphanumeric |
| Codes: | If not reported, the default value is all spaces. |

## PATIENT'S SOCIAL SECURITY NUMBER

| | |
|---|---|
| Record Position: | 19 through 27 |
| Data Length: | 9 |
| Data Type: | Numeric |
| Codes: | Enter the full 9-digit SSN including zeros.  **DO NOT** code hyphens.  Enter 000000001 (Unknown) if the SSN is not recorded in the patient's medical record. |

## ZIP CODE

| | |
|---|---|
| Record Position: | 28 through 32 |
| Data Length: | 5 |
| Data Type: | Numeric |
| Codes: | 5-digit ZIP Code<br>99999 (Unknown) |

DATE OF BIRTH

|  |  |
|---|---|
| Record Position: | 33 through 40 |
| Data Length: | 8 |
| Data Type: | Numeric |
| Codes: | 9999    99    99 |
|  | Year   Month  Day |

|  |  |
|---|---|
| Special Instructions: | Single-digit months and days must include a preceding zero. |
|  | The transmittal process will populate the database field by moving the first 4 digits to the end of the field. |
|  | EXAMPLE: Field in File equals 20040301. Database value will contain 03012004. The database value represents the date format mmddccyy. |

SEX

|  |  |
|---|---|
| Record Position: | 41 |
| Data Length: | 1 |
| Data Type: | Alpha |
| Codes: | M  Male |
|  | F  Female |
|  | U  Unknown |

RACE

| | |
|---|---|
| Record Position: | 42 through 43 |
| Data Length: | 2 |
| Data Type: | Alphanumeric |
| Codes: | R1 American Indian or Alaska Native |
| | R2 Asian |
| | R3 Black or African American |
| | R4 Native Hawaiian or Other Pacific Islander |
| | R5 White |
| | R9 Other Race |
| | 99 Unknown |

ETHNICITY

| | |
|---|---|
| Record Position: | 44 through 45 |
| Data Length: | 2 |
| Data Type: | Alphanumeric |
| Codes: | E1 Hispanic or Latino |
| | E2 Non-Hispanic or Non-Latino |
| | 99 Unknown |

SERVICE DATE

| | |
|---|---|
| Record Position: | 46 through 53 |
| Data Length: | 8 |
| Data Type: | Numeric |
| Codes: | <u>9999</u>   <u>99</u>  <u>99</u> |
| | Year   Month Day |

Special Instructions: Single-digit months and days must include a preceding zero.

The transmittal process will populate the database field by moving the first 4 digits to the end of the field.

EXAMPLE: Field in File equals 20040301. Database value will contain 03012004. The database value represents the date format mmddccyy.

## DISPOSITION OF PATIENT

| | |
|---|---|
| Record Position: | 54 through 55 |
| Data Length: | 2 |
| Data Type: | Alphanumeric |
| Codes: | 01  Discharged to home or self care (routine discharge) |
| | 02  Discharged/transferred to a short term general hospital for inpatient care |
| | 03  Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care |
| | 04  Discharged/transferred to an intermediate care facility (ICF) |
| | 05  Discharged/transferred to another type of institution not defined elsewhere in this code list |
| | 06  Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care |
| | 07  Left against medical advice or discontinued care |
| | 20  Expired |
| | 43  Discharged/transferred to a federal health care facility |
| | 50  Discharged home with hospice care |
| | 51  Discharged to a medical facility with hospice care |
| | 61  Discharged/transferred to a hospital-based Medicare approved swing bed |
| | 62  Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital |
| | 63  Discharged/transferred to a Medicare certified long term care hospital (LTCH) |
| | 64  Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare |
| | 65  Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital |
| | 66  Discharged/transferred to a Critical Access Hospital (CAH) |
| | 00  Other |

EXPECTED SOURCE OF PAYMENT

| | |
|---|---|
| Record Position: | 56 through 57 |
| Data Length: | 2 |
| Data Type: | Alphanumeric |
| Codes: | 09   Self Pay |
| | 11   Other Non-federal programs |
| | 12   Preferred Provider Organization (PPO) |
| | 13   Point of Service (POS) |
| | 14   Exclusive Provider Organization (EPO) |
| | 16   Health Maintenance Organization (HMO) Medicare Risk |
| | AM  Automobile Medical |
| | BL   Blue Cross/Blue Shield |
| | CH   CHAMPUS (TRICARE) |
| | CI    Commercial Insurance Company |
| | DS   Disability |
| | HM  Health Maintenance Organization |
| | MA   Medicare Part A |
| | MB   Medicare Part B |
| | MC   Medicaid (Medi-Cal) |
| | OF   Other Federal Program |
| | TV   Title V |
| | VA   Veteran's Affairs Plan |
| | WC   Workers' Compensation Health Claim |
| | 00   Other |

PRINCIPAL DIAGNOSIS

| | |
|---|---|
| Record Position: | 58 through 64 |
| Data Length: | 7 (Allows for future reporting of ICD-10-CM) |
| Data Type: | Alphanumeric |
| Codes: | International Classification of Diseases, 9th Revision, Clinical Modification |
| Special Instructions: | The ICD-9-CM code must be left-justified and space-filled.  Do not code the decimal point. Example:  Code the diagnosis as '80521  '.  (The last 2 positions are spaces.)  Do not include E-codes or M-codes.  The default value is all spaces. |

OTHER DIAGNOSES

| | |
|---|---|
| Record Position: | For each Other Diagnosis field: 65-71; 72-78; 79-85; 86-92; 93-99; 100-106; 107-113; 114-120; 121-127; 128-134; 135-141; 142-148; 149-155; 156-162; 163-169; 170-176; 177-183; 184-190; 191-197; 198-204; 205-211; 212-218; 219-225; and 226-232. Maximum of 24 Other Diagnoses fields, ending in position 232 |
| Data Length: | 7 (Allows for future reporting of ICD-10-CM) |
| Data Type: | Alphanumeric |
| Codes: | International Classification of Diseases, 9th Revision, Clinical Modification |
| Special Instructions: | The ICD-9CM code must be left-justified and space-filled.  Fill from the left-most position and **DO NOT** skip fields.  Do not code the decimal point. Example:  For position 65-71, code the diagnosis as '80521  '.  (The last 2 positions are spaces.)  Do not include E-codes or M-codes.  When there are no Other Diagnoses, the default value is all spaces. |

PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE

| | |
|---|---|
| Record Position: | 233 through 239 |
| Data Length: | 7 (Allows for future reporting of ICD-10-CM) |
| Data Type: | Alphanumeric |
| Codes: | International Classification of Diseases, 9th Revision, Clinical Modification |
| Special Instructions: | The ICD-9-CM code must be left-justified and space-filled.  Code the 'E' on the file, but do not code the decimal point.<br>Example: Code the cause of injury as 'E8799 '.  (The last 2 positions are spaces.)<br>When there is no Principal E-Code, the default value is all spaces. |

OTHER EXTERNAL CAUSE OF INJURY E-CODE

| | |
|---|---|
| Record Position: | For each Other E-Code field:<br>240-246; 247-253; 254-260; and 261-267.<br>Maximum of 4 Other E-Code fields, ending in position 267 |
| Data Length: | 7 (Allows for future reporting of ICD-10-CM) |
| Data Type: | Alphanumeric |
| Codes: | International Classification of Diseases, 9th Revision, Clinical Modification |
| Special Instructions: | The ICD-9-CM code must be left-justified and space-filled.   Fill from the left-most position and **DO NOT** skip fields.  Code the "E" on the file, but do not code the decimal point.<br>Example:  In field 240-246, code as 'E8490 '.  (The last 2 positions are spaces.)<br>When there are no Other E-Codes, the default value is all spaces. |

PRINCIPAL PROCEDURE

| | |
|---|---|
| Record Position: | 268 through 272 |
| Data Length: | 5 |
| Data Type: | Numeric |
| Codes: | Current Procedural Terminology – Fourth Edition (CPT-4) |
| Special Instructions: | The default value is all spaces. |

OTHER PROCEDURES

| | |
|---|---|
| Record Position: | For each Other Procedure field: 273-277; 278-282; 283-287; 288-292; 293-297; 298-302; 303-307; 308-312; 313-317; 318-322; 323-327; 328-332; 333-337; 338-342; 343-347; 348-352; 353-357; 358-362; 363-367; and 368-372. Maximum of 20 Other Procedure fields, ending in position 372 |
| Data Length: | 5 |
| Data Type: | Alphanumeric |
| Codes: | Current Procedural Terminology – Fourth Edition (CPT-4) |
| Special Instructions: | Fill from the left-most position and **DO NOT** skip fields.  The default value is all spaces. |

NATIONAL PROVIDER IDENTIFIER NUMBER

| | |
|---|---|
| Record Position: | 373 through 382 |
| Data Length: | 10 |
| Data Type: | Numeric |
| Codes: | Assigned by the CMS National Provider and Provider Enumeration System (NPPES) |
| Special Instructions: | This is a placeholder for the National Provider Identifier. Facilities may report their NPI, but it is not required by OSHPD.  The default value is all zeroes. |

PRINCIPAL LANGUAGE SPOKEN

| | |
|---|---|
| Record Position: | 383 through 406 |
| Data Length: | 24 |
| Data Type: | Alphanumeric |
| Codes: | For a list of valid codes, refer to the Definitions of Data Elements – Principal Language Spoken, Section 97267, of the California ED and AS Data Reporting Manual. |
| Special Instructions: | To be reported for encounters occurring on or after January 1, 2009. This is a free-text field.  Enter either one 3-digit value, or if the Principal Language Spoken is not one of the codes listed in the Reporting Manual, then enter the Principal Language Spoken, up to 24 characters.  The default value is all spaces. |